1.	Agency Name		****	Date Stamp	California OOO
	County of Los Angeles DPSS				Form OUZ
	Division, Department, or Region (If Applicable	;)		1	For Official Use Only
	Contract Management Division				
		Designated Agency Contact (Name, Title)			
	Eliette Contreras, ASM I				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3)
	(562) 908-3580			Date of Original Filing:	(Month Day Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes No [Face Value o	of Each Ticket/Pass \$ _	\$18.00
	Event Description Los Angeles County Fai	r anation	Date(s)9		9 , 24 , 17
	Ticket(s)/Pass(es) provided by agency?	Yes No [If no. Los Ar	ngeles County Fair As	sociation
	rioket(0)/r ass(es) provided by agency	Yes No [A 11110. <u></u>	Name of So	
	Was ticket distribution made at the behest of agency official?	No⊠ Yes[If yes:	Official's Name (Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or to	ıal. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	Child Care Resource Center, Inc.	20	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual (Lost First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Other al Role or Other describe below	Income
			Ceremonial Role [Other all Role or Other describe below	Income [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
4.	Verification				
	I have seemed understand FPPC Regulations 18944 1 and	18942 I have ven	ified that the distribution set fo	orth above, is in accordance wit	th the requirements
	Affiliature of Agency Head or Designee	Eliette Conti		ASM I	9/18/17 (Month Day Year)
	, /			77110	(MOMA Day Teal)
	Comment:				EDDC Form 902 /



gency Name County of Los Angeles DPSS		
Recipients	unit. • Use Se	ction B to identify an individual. ● Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Unild Cave Resource	20	Los Angeles County Fair Ticket
		Ticket #s: 10620850 - 0620869
	Number of	X119
B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
		Ceremonial Role Other Income Income Income Income If checking Ceremonial Role or Other describe below
		Ceremonial Role Other Income Income If checking 'Ceremonial Role' or 'Other describe below
		Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

1.	Agency Name		•	Date Stamp	California R02
	County of Los Angeles DPSS				Form 002
	Division, Department, or Region (If Applicable)	Í			For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Myhanh Duong, ASM I				
	Area Code/Phone Number			Amendment (Must pro	ovide explanation in Part 3)
	(562) 908-3554			Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🔲 No	Face Value o	f Each Ticket/Pass \$	\$18.00
1	Event Description Los Angeles County Fair		Date(s) 9	1	9 , 24 , 17
	Provide Title/Expla				
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	igeles County Fair Ass	ociation
	Was ticket distribution made at the behest	N			rce
	of agency official?	No 🛛 Yes	If yes:	Official's Name (La	ast, First)
2	Recipients				
٠.	Use Section A to identify the agency's department or u	nit. • Use Sed	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	City of Norwalk	30	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role [If checking Ceremonia	Identify one of the followin Other al Role or Other describe below	Income
			Ceremonial Role [Other al Role or Other describe below	Income 🗍
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
ļ.	Verification I have read and understand FPPC Regulations 18944 1 and	18942 I have ve		orth above, is in accordance with	the requirements 9/14/17
	Signature of Agency Head or Designee	Print Nam		Title	(Month Day Year)
	•				
	Comment:				



Agency	Name nty of Los Angeles DPSS				
B. Red	cipients				
A.			ction B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
City	of Norwalk	Ticket(s)/ Pass(es)	Los Angeles County Fair Ticket		
			Ticket #s: 0620600 - 0620629		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		1 000(23)	Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below		
300-3			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below		
			Ceremonial Role Other Income If checking Ceremonial Role or Other describe below		
·			Ceremonial Role Other Income Income If checking "Ceremonial Role" or Other describe below		
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
-					
2 .					
»					

ĺ.	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS				Form OUZ
	Division, Department, or Region (If Applicable))			For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Eliette Contreras, ASM I			Amendment (Must are	ovide explanation in Part 3)
	Area Code/Phone Number E-mail			<u> </u>	· ·
	(562) 908-3580			Date of Original Filing:	(Month Day. Year)
	Function or Event Information				\$18.00
		Yes 🗌 No	hornord	f Each Ticket/Pass \$	
	Event Description Los Angeles County Fair Provide Title/Expla	nation	Date(s)9		9 , 24 , 17
				ngeles County Fair Asso	ociation
		Yes 🗌 No	M	Name of Sour	rce
	Was ticket distribution made at the behest of agency official?	No ⊠ Yes	☐ If yes:	Official's Name (La	ist, First)
	Recipients				
•	Use Section A to identify the agency's department or u	al. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy		
	Crystal Stairs	20	Per ticket policy (ref	fer to Ticket Policy)	
	B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin Other al Role or Other describe below	ig:
			Ceremonial Role [Other al Role or Other describe below	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
	Verification				
	I have read and understand FPPC Regulations 18944 1 and	18942. I have ve	nfied that the distribution set fo	orth above, is in accordance with	the requirements
	WIMIXI	Eliette Cont	treras	ASM I	9/14/17
	Signature of Agency Head or Designee	Print Name	е	Title	(Month Day Year)
	Commont				
	Comment				EBBC Form 902 (4/12)



_	_	Name by of Los Angeles DPSS		
	Rec	ipients	unit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.
	Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Crys	stal Stairs	20	Los Angeles County Fair Ticket
				Ticket #s: 0620810 - 0620829
				x. Mich
	В.	Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
				Ceremonial Role Other Income I
				Ceremonial Role Other Income If checking Ceremonial Role or Other describe below
100		Bresnatt Bresser		Ceremonial Role Other Income If checking Ceremonial Role or Other describe below
			ille id	Ceremonial Role Other Income If checking "Ceremonial Role" or Other describe below
5.0	C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	************			7.700.
8				
10				

1. Agency Name			Date Stamp	California Q02
County of Los Angeles DPSS				Form OUZ
Division, Department, or Region (If Application)	ole)	•••	1	For Official Use Only
Contract Management Division				
Designated Agency Contact (Name, Title)				
Myhanh Duong, ASM I				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3)
(562) 908-3562			Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				\$40.00
Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$ _	\$18.00
Event Description Los Angeles County F.	air	Date(s)9	, 1 , 17	9 , 24 , 17
	pianation	Los Ar	ngeles County Fair As	sociation
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Los Ar	ngeles County Fair As	ource
Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:		
of agency official?			Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department of		ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Mexican American Opportunity Foundation	20	Per ticket policy (re	fer to Ticket Policy)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	7.255(55)	Ceremonial Role If checking Ceremoni	Other all Role or Other describe below	Income 🔲
		Ceremonial Role If checking "Ceremoni	Other al Role or Other describe below.	Income 🗌
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4. Verification		14		
I have read and understand FPPQ Regulations 18944.1 ar	nd 18942. I have ve	nfied that the distribution set fo	orth above, is in accordance wit	th the requirements
Methodh Oceana	Myhanh D		ASM I	9/14/17
Signature of Agency Head or Designee	Print Name		Title	(Month Day Year)
Comment:				



_	Name ity of Los Angeles DPSS		
Rec	ipients	unit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Me: Fou	kican American Opportunity Indation	20	Los Angeles County Fair Ticket
			Ticket #s: 0620730 - 0620739 & 0620800 - 0620809
			X Sa
B.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or Other describe below
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

1.	Agency Name			Date Stamp	California 802	
	County of Los Angeles DPSS		For Official Use Only			
	Division, Department, or Region (If Applicable	;)			. G.	
	Contract Management Division					
	Designated Agency Contact (Name, Title)					
	Myhanh Duong, ASM I			Amendment (Must pro	ovide explanation in Part 3)	
	Area Code/Phone Number E-mail			Date of Original Filings	· · · · · · · · · · · · · · · · · · ·	
_	(562) 908-3562			Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				\$18.00	
	Does the agency have a ticket policy?	Yes ☐ No 🗵	_	f Each Ticket/Pass \$		
	Event Description Los Angeles County Fai	r anation	Date(s)9		9 , 24 , 17	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No 🗵	If no: Los An	igeles County Fair Ass	ociation	
	Was ticket distribution made at the behest	No ⊠ Yes □	.			
	of agency official?	Official's Name (La	ast, First)			
3	Recipients					
٠.	Use Section A to identify the agency's department or its section is a section of the section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section is a section in the s	unit. • Use Secti	on B to identify an individu	al. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		o the agency's policy	
	Options for Learning	30	Per ticket policy (re	fer to Ticket Policy)		
	B. Name of Individual (Lost First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role [Identify one of the followin Other al Role or Other describe below	g:	
			Ceremonial Role	Other Dal Role or Other describe below	Income 🗌	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy	
4.	Verification I have read and understand FPPC Regulations 18944 1 and NUMBER OF Signature of Agency Head or Designee	18942 I have verif Myhanh Duc		rth above, is in accordance with ASM Title	the requirements 9/14/17 (Month Day Year)	
	Comment:			_		



_	Name nty of Los Angeles DPSS		
. Red	cipients	unit. • Use Sec	ction B to identify an individual. • Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Opt	tions for Learning	30	Los Angeles County Fair Ticket
			Ticket #s: 0620700 - 0620729
			schutrey h
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
	/8.º		Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
• • • • • • • • • • • • • • • • • • •			Ceremonial Role Other Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income If checking "Ceremonial Role" or Other describe below
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

C D C D M A (3) 2. F D C T W W W W W W W W W W W W W W W W W W	County of Los Angeles DPSS ivision, Department, or Region (If Applicable Contract Management Division esignated Agency Contact (Name, Title) Myhanh Duong, ASM I rea Code/Phone Number E-mail 562) 908-3562 Function or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official?	Yes □ No	Date(s)9	Date of Original Filing: f Each Ticket/Pass \$	(Month, Day, Year) \$18.00
MAA()	Contract Management Division esignated Agency Contact (Name, Title) Myhanh Duong, ASM I rea Code/Phone Number 562) 908-3562 Function or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official?	Yes No r anation Yes No	Date(s)9	Date of Original Filing: f Each Ticket/Pass \$	ovide explanation in Part 3) (Month, Day, Year)
C D N A (!; C) C C C C C C C C C C C C C C C C C	Contract Management Division resignated Agency Contact (Name, Title) Myhanh Duong, ASM I rea Code/Phone Number E-mail 562) 908-3562 Function or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	Yes No r anation Yes No	Date(s)9	Date of Original Filing: f Each Ticket/Pass \$	(Month, Day, Year) \$18.00
MA (3) (3) (4) (5) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	// All ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	Date of Original Filing: f Each Ticket/Pass \$	(Month, Day, Year) \$18.00
MA (()(22. FF D) D) E:	Myhanh Duong, ASM I rea Code/Phone Number E-mail 562) 908-3562 Function or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	Date of Original Filing: f Each Ticket/Pass \$	(Month, Day, Year) \$18.00
7: P	rea Code/Phone Number [562) 908-3562 Function or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fair Provide Title/Explain icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	Date of Original Filing: f Each Ticket/Pass \$	(Month, Day, Year) \$18.00
(Function or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	f Each Ticket/Pass \$ 	(Month, Day, Year) \$18.00
2. F D Ti	tunction or Event Information oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	f Each Ticket/Pass \$ 	(Month, Day, Year) \$18.00
D E: Ti	oes the agency have a ticket policy? vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	, 1 , 17	
E [·]	vent Description Los Angeles County Fai Provide Title/Expl. icket(s)/Pass(es) provided by agency? //as ticket distribution made at the behest of agency official?	r anation Yes \(\square\) No	Date(s)9	, 1 , 17	
Ti V\	icket(s)/Pass(es) provided by agency? /as ticket distribution made at the behest of agency official?	Yes 🗌 No			9 / 24 / 1/
Ti V\	icket(s)/Pass(es) provided by agency? /as ticket distribution made at the behest of agency official?	Yes 🗌 No	If no: Los An	ideles County Fair Ass	
V	las ticket distribution made at the behest of agency official?		X II no	igolos Coulity I ali MSS	ociation
(of agency official?	No 🛛 Yes		geles County Fair Ass Name of Sour	rce
			☐ If yes:	Official's Name (La	
3. F	Pecinients		•	Official's Name (La	ast, First)
	•				
•	Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the sec	al. • Use Section C to identif	fy an outside organization.		
<u> </u>	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
F	Pathways LA	20	Per ticket policy (ref	fer to Ticket Policy)	
_ B	Name of Individual	Number of Ticket(s)/		Identify one of the followin	ng:
_	, and a second s	Pass(es)	Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below	
_			Ceremonial Role	Other al Role or Other describe below	Income 🗌
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
***************************************		Pass(es)			
	erification				
1 h	ave read and understand FPPC Regulations 18944.1 and	18942 I have ve		orth above, is in accordance with ASM I	the requirements 9/14/17
100	Signature of Agency Head or Designee	Print Nam		Title	(Month Day Year)



	y Name nty of Los Angeles DPSS		
3. Re	cipients	unit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Pa	thways LA	20	Los Angeles County Fair Ticket
			Ticket #s: 0620830 -0620849
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
4.00.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			Ceremonial Role Other Income Income Income If checking Ceremonial Role or "Other describe below
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income If checking "Ceremonial Role" or Other describe below
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4	Aganay Nama			T	
١.	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS				Form OUZ
	Division, Department, or Region (If Applicable		For Official Use Only		
	Contract Management Division				
	Designated Agency Contact (Name, Title)			1	
	Myhanh Duong, ASM I				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3)
	(562) 908-3562			Date of Original Filing: _	
_	· /		· · · · · · · · · · · · · · · · · · ·	3	(Month Day, Year)
۷.	Function or Event Information	_		(E) T (D)	\$18.00
	Does the agency have a ticket policy?	Yes 🔲 No		f Each Ticket/Pass \$	
	Event Description Los Angeles County Fa	ir	Date(s)9		9 , 24 , 17
	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles County Fair Ass	ociation
	NAMES AND DESCRIPTION OF STREET	_	_		rce
	Was ticket distribution made at the behest of agency official?	No 🛛 Yes	☐ If yes:	Official's Name (L	ast First)
			····	Ometar a Marine (E	30, 7 1130
3.	Recipients				
	Use Section A to identify the agency's department or	Number of	tion B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pomona Unified School District	50	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Other In all Role or Other describe below	Income 🗖
			Ceremonial Role I	Other I	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
	Verification I have read and understand FPPC Regulations 18944 1 and	118942 have ve	infied that the distribution set fr	orth above is in accordance with	the requirements
	Declicalis (v como				
-	Signature of Agency Head or Designee	Myhanh D		ASM I	9/14/17 (Month Day Year)
	1.3 - April 2.1 (Suriey 11222 of Designed	, int (vaii)	<u>.</u>	inic	(Month Day Tead
	Comment:				



	Name		
	ity of Los Angeles DPSS	 	
• Use	Section A to identify the agency's department	or unit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Por	mona Unified School District	30	Los Angeles County Fair Ticket
			Ticket #s: 0620630 - 0620649 & 0620740 - 0620749
			X Tun lun
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		20	Gertenonial Roll Common Other Describer 150 Income Common
			Cylemonial Role Other Income Income Income Cylehecking Ceremonial Role or Other describe elow
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
8 			Ceremonial Role Other Income If checking 'Ceremonial Role or Other' describe below
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
-	——————————————————————————————————————		

×			

1.	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS				Form OUZ
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Dale Oishi-Kocker, ASM I			Amendment (Must pro	vide explanation in Part 3)
	Area Code/Phone Number E-mail			1 –	,
				Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				¢19.00
		Yes 🗌 No		f Each Ticket/Pass \$	
	Event Description Los Angeles County Fair Provide Title/Expla	nation	Date(s)9	1	9 <u>, 24 , 17</u>
			Los An	igeles County Fair Asso	ociation
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No l	IX IT no:	Name of Sour	се
	Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:	Official's Name (La	
	of agency official?		<u> </u>	Official's Name (La	st First)
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	Alta Med Health Services 20		Per ticket policy (refer to Ticket Policy)		
	B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following Other all Role or Other describe below	g:
			Ceremonial Role [Income 🔲
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
1.	Verification I have read and understand RPPC Regulations 18944 1 and				
	Signature of Agency Head or Designee	Dale Oishi K		ASM I	9/14/17 (Month Day Year)
	_ grade a regardy read or bodghoo	. mit realite	-	,,,,,	produit Day 10011
	Comment:				



	y Name nty of Los Angeles DPSS	1.1.11						
. Re	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
A .	*		Describe the public purpose made pursuant to the agency's policy					
Alt	a Med Health Services	20	Los Angeles County Fair Tickets					
			Ticket #s: 0620460 - 0620479					
_		Number of	X (Ce)					
B. —	Name of Individual (Last. First)	Ticket(s)/ Pass(es)	Identify one of the following: Ceremonial Role					
-			If checking Ceremonial Role or Other describe below Ceremonial Role Other Income					
			If checking Ceremonial Role or Other describe below					
			Ceremonial Role Other Income					
			Ceremonial Role Other Income Income					
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
8								
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A.	P١	IDI	IC	υo	Cu	ши	em	L

1. Agenc	y Name			Date Stamp	California 802	
County	of Los Angeles DPSS				Form OUZ	
Division	, Department, or Region (If Applicable,		For Official Use Only			
Contrac	ct Management Division					
	ited Agency Contact (Name, Title)					
Dale O	ishi-Kocker ASM I			Amondment (14)	The standard Review	
Area Co	de/Phone Number E-mail	÷		Amendment (Must pro	ovide explanation in Part 3)	
				Date of Original Filing: _	(Month, Day, Year)	
2. Functi	on or Event Information				# 40.00	
Does the	e agency have a ticket policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	\$18.00	
Event D	escription Los Angeles County Fair	nation	Date(s)9		9 , 24 , 17	
Ticket(s))/Pass(es) provided by agency?	Yes □ No	If no: Los An	geles County Fair Ass	ociation rce	
	set distribution made at the behest ncy official?	No ☒ Yes	☐ If yes:	Official's Name (La	est, First)	
3. Recipi	ents					
• Use Sec	fy an outside organization.					
A. N	ame of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy	
El Nido	Family Centers	ers 20 Per ticke		ket policy (refer to Ticket Policy)		
В.	Name of Individual (Lost First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking Ceremoni	Identify one of the following Other al Role or Other describe below	ig:	
			Ceremonial Role [Other al Role or Other describe below	Income	
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
l. Verific	ation and understand FFPC Regulations 18944 1 and	18942 I have ve	enfied that the distribution set fo	orth above, is in accordance with	the requirements	
Ma	le Oxfutte	ASM I	9/14/17			
Signa	ature of Agency Head or Designee	Print Nam	e ————————————————————————————————————	Title	(Month Day Year)	
Comme	.vn\$·					
Comme	т.				·····	



	y Name					
	unty of Los Angeles DPSS					
 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization 						
A.		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
EI	Nido Family Centers	20	Los Angeles County Fair Tickets			
			Ticket #s: 0620480 - 0620499			
			X2 garia Costn			
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
***************************************			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below			
			Ceremonial Role Other Income Income			
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below			
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below			
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	•					

4	A manage Name	_:-			
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles DPSS			j	Form OUZ
	Division, Department, or Region (If Applicable)]	For Official Use Only
	Contract Management Division				
	Designated Agency Contact (Name, Title)				
	Dale Oishi-Kocker, ASM I				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3)
				Date of Original Filing:	Marth Day Varia
>	Function or Event Information				(Month, Day, Year)
••	Does the agency have a ticket policy?	Yes □ No	☑ Face Value o	f Each Ticket/Pass \$ _	\$18.00
			_		
	Event Description Los Angeles County Fair	anation	Date(s) 9	117	9 , 24 , 17
			los Ar	ngeles County Fair As	sociation
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: <u>20074</u>	ngeles County Fair Ass Name of So	urce
	Was ticket distribution made at the behest	No ⊠ Yes	☐ If yes:		
	of agency official?	140 🖾 163	П yes	Official's Name (L	ast, First)
3 .	Recipients	· · ·			
	Use Section A to identify the agency's department or a	ınit. • Use Sed	ction B to identify an individu	ial. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Foothill Family Services	20	Per ticket policy (re	fer to Ticket Policy)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
			If checking Ceremoni Ceremonial Role	al Role or Other describe below	Income
			79	al Role or Other describe below	mcome L
,	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	Verification I have read and understand PPC Regulations 18944 1 and	18942 have ve	nified that the distribution set fo	orth above, is in accordance witi	h the requirements
	Male Verito	Dale Oishi-k	Kocker	ASM I	9/14/17
	Signature of Agency Head or Designed	Print Name	е	Title	(Month Day Year)
	Comment:				



	Name ity of Los Angeles DPSS		
. Red	cipients	or unit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Foo	othill Family Services	20	Los Angeles County Fair Tickets
			Ticket #s: 0620870 - 0620889
		Number of	* Moduguez
B. —	Name of Individual (Last First)	Ticket(s)/ Pass(es)	Identify on of the following: Ceremonial Role Other Income
		2	If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
****			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
			Ceremonial Role Other Income Income If checking Ceremonial Role or Other describe below
<u>C.</u>	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) DPSS, Communications & Training Academy Division Designated Agency Contact (Name, Title) Kenyon Bradley, Secretary II (Toy Loan & Volunteer Services) Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -KenyonBradley@dpss.lacounty.gov (213)744-4290 (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 18.00 Does the agency have a ticket policy? Event Description: LA County Fair 2017 Date(s) 09 _ 01 _ 17 If no: LA County Fair Association Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: _ Was ticket distribution made at the behest Yes No 🗵 Official's Name (Last, First) of agency official? 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes GAIN Region IV - Thomas Alvarez, CSA (Refer to ticket policy) 5 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes (Refer to ticket policy) Pride Industries - Alba Espinoza 5 (Refer to ticket policy) Challengers Boys & Girls Club - Elizabeth 13 Garcia

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance that requirements.

Barbara Henderson HSA I 9/27/2017

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: Barbara Henderson, HSA I signing on behalf of Marcia Blachman-Benitez, ASM II of Toy Loan.



nty of Los Angeles	- <u>-</u>	
Recipients	• Use Section B to	identify an individual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the following:
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income
		Ceremonial Role Other income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Mercy Housing California - Jovansia Holly	3	(Refer to ticket policy)
Asian Youth Center - Rebecca Hu	24	(Refer to ticket policy)



This form is for use by all state and local government agencies. The form identifies persons that receive admission tickets and passes and describes the public purpose for the distribution. This form was prepared by the Fair Political Practices Commission (FPPC) and is available at www.fppc.ca.gov.

General Information

FPPC Regulation 18944.1 sets out the circumstances under which an agency's distribution of tickets to entertainment events, sporting events, and like occasions would not result in a gift to individuals that attend the function. In general, the agency must adopt a policy which identifies the public purpose served in distributing the admissions. The Form 802 serves to detail each event and the public purpose of each ticket distribution. FPPC Regulation 18942 lists exceptions to reportable gifts, including ceremonial events, when listed on this form.

When the regulation procedures are followed, persons, organizations, or agencies who receive admissions are listed on a Form 802. Agency officials do not report the admissions on the official's Statement of Economic Interests, Form 700, and the value of the admission is not subject to the gift limit.

The Form 802 also informs the public as to whether the admissions were made at the behest of an agency official and whether the behested tickets were provided to an organization or to specific individuals.

Exception

FPPC This form is not required for admission provided to a school or university district official, coach, athletic director, or employee to attend an amateur event performed by students of that school or university.

Reporting and Public Posting

Ticket Distribution Policies: An agency must post its ticket policy on its website within 30 days of adoption or amendment and e-mail a link of the website location to FPPC at form802@fppc.ca.gov.

Form 802: The use of the ticket or pass under the policy must be reported on Form 802 and posted on the agency's website within 45 days of distribution. A link to the website location of the forms must be e-mailed to FPPC at form802@fppc.ca.gov.

The FPPC will post on its website the link to each agency's policy and completed forms. It is not necessary to send an e-mail each time a new Form 802 is posted. It is only necessary to submit the link if the posting location changes.

This form must be maintained as a public document.

Privacy Information Notice

Information requested by the FPPC is used to administer and enforce the Political Reform Act. Failure to provide information may be a violation subject to administrative, criminal, or civil penalties. All reports are public records available for inspection and reproduction. Direct questions to FPPC's General Counsel.

Instructions

Part 1. Agency Identification:

List the agency's name. Provide a designated agency contact person, their phone number, and e-mail address. , Mark the amendment box if changing any information on a previously filed form and include the date of the original filing.

Part 2. Function or Event Information:

Confirm that your agency has a policy for ticket distribution. Unless the ceremonial role or income box in Part 3, Section B, is marked, this form is only applicable if your agency has a policy.

Complete all of the other required fields that identify the ticket value, description of event, date(s) and whether the ticket was provided by the agency or an outside source. If an agency official behests the tickets, the official's name is also required. Use the comment field or an attachment to explain in full.

Part 3. Ticket Recipients:

This part identifies who uses the tickets. The identification requirements vary depending upon who received the tickets and are categorized into three sections. Each section must list the number of tickets received. Use the comment field or an attachment to explain in full.

Section A. Report tickets distributed to agency staff, other than an elected official or governing board member, pursuant to the agency's policy. It is not necessary to list each employee's name, but identify the unit/department for which the employee works. The agency must describe the public purpose associated with the ticket distribution. A reference to the policy is permissible.

Section B. Report: 1) any agency official who performs a ceremonial role; 2) any agency official who reports the value as income; or 3) tickets used by elected officials and governing board members (including those distributed pursuant to the agency's policy).

Section C. Report tickets provided to an organization. The organization's name, an address (website url is permissible), and a brief description of the public purpose are required.